



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

600 Washington Street, 7th Floor
Boston, Massachusetts 02111

DEVAL L. PATRICK
Governor

PAUL V. BUCKLEY
Commissioner

TIMOTHY P. MURRAY
Lieutenant Governor

Process for Submitting Insurer Request Certification Form

1. Fill out Insurer Request Certification Form. (Attached)
2. Return **ONLY** that form to Michael W. Owen at the address indicated on the bottom of the form.
3. Mr. Owen will send a letter to your office certifying that the employer is uninsured.
4. Mr. Owen will also send an Affidavit of Employee in Application for Trust Fund Benefits for the employee/claimant To fill out.
5. Attach the Certification Letter and the completed Affidavit to the original claim and forward to:

Office of Claims Administration
Department of Industrial Accidents
600 Washington Street, 7th Floor
Boston, Massachusetts - 02111

INSURER REQUEST CERTIFICATION

1.

I, _____, certify that the following attempts were made to
(Employee Attorney)
_____ to obtain insurer information
(Employer & Employer's Address)
regarding the claim of _____, an employee of that organization,
(Employee)
and that to the best of my knowledge no insurance coverage was in force for that company on
_____.
(Date of Injury)

2.

The following corporate officers/owners were contacted:

NAME/TITLE	PHONE	DAY/DATE/TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.

() I did approach the place of business.

() I did not approach the place of business. Why not? _____

4.

() The employee requested the information from his/her employer.

What was he/she told? _____

By whom? _____

() The employee did not request the information from his/her employer.

Why not? _____

All sections of this form must be completed. Any exclusions and/or deletions will be cause for return of the claim application and delay in processing.

5.

Employee Attorney

Attorney Address & Telephone Number

Claimant

This form requires BOTH signatures
Return to: Department of Industrial Accidents
ATTN: Michael W. Owen
600 Washington Street, 7th Floor
Boston, MA 02111